FEB 0 2 2004

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200209409-1 P

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for patent is sought on the invention entitled:

| DISPLAY DEVICE INCLUDIN                                                              |                                                                              | ULATOR WITH PLUR                                                     | AL IMAGE REGIONS                                                                                                                        |  |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| the specification of which i                                                         | s attached hereto unless th                                                  | ne following box is ch                                               | ecked:                                                                                                                                  |  |
| ·                                                                                    | 31, 2003 as US Applic                                                        |                                                                      |                                                                                                                                         |  |
| Number 10/632,63                                                                     |                                                                              | ed on                                                                | · -                                                                                                                                     |  |
| I hereby state that I have                                                           | reviewed and únderstood<br>nended by any amendmen                            | the contents of the t(s) referred to above                           | above-identified specification, e. I acknowledge the duty to                                                                            |  |
| Foreign Application(s) and/or Clain                                                  | n of Foreign Priority                                                        |                                                                      |                                                                                                                                         |  |
|                                                                                      | and have also identified below a                                             | ny foreign application for                                           | ny foreign application(s) for patent or<br>patent or inventor(s) certificate having                                                     |  |
| COUNTRY                                                                              | APPLICATION NUMBER                                                           | DATE FILED                                                           | PRIORITY CLAIMED UNDER 35 U.S.C. 119                                                                                                    |  |
|                                                                                      |                                                                              |                                                                      | YES: NO:                                                                                                                                |  |
|                                                                                      |                                                                              |                                                                      | YES: NO:                                                                                                                                |  |
| Provisional Application I hereby claim the benefit under below:                      | Fitle 35, United States Code Sec                                             | tion 119(e) of any United                                            | States provisional application(s) listed                                                                                                |  |
| below:                                                                               | · APPLICATION NUMBER                                                         | FILING DATE                                                          | $\neg$                                                                                                                                  |  |
|                                                                                      | AFFLICATION NOMBER                                                           | TIENG DATE                                                           | <del>-</del>                                                                                                                            |  |
|                                                                                      |                                                                              |                                                                      |                                                                                                                                         |  |
| information as defined in Title 37, application and the national or PC               | Code of Federal Regulations, Sec<br>international filing date of this a      | ction 1.56(a) which occurripplication:                               | owledge the duty to disclose material ed between the filing date of the prior                                                           |  |
| APPLICATION NUMBER                                                                   | FILING DATE                                                                  | STATUS (p.                                                           | atented/pending/abandoned)                                                                                                              |  |
|                                                                                      | -                                                                            |                                                                      |                                                                                                                                         |  |
|                                                                                      | ·                                                                            |                                                                      |                                                                                                                                         |  |
| DOW/ED OF ATTORNEY.                                                                  |                                                                              |                                                                      |                                                                                                                                         |  |
| POWER OF ATTORNEY: As a named inventor, I hereby a business in the Patent and Tradem |                                                                              | and/or agent(s) to prose                                             | cute this application and transact all                                                                                                  |  |
| Customer Num                                                                         | ber 022879                                                                   | Place Customer<br>Number Bar Code<br>Label here                      |                                                                                                                                         |  |
| Send Correspondence to:<br>HEWLETT-PACKARD COMPAN                                    |                                                                              | Direct Telephon                                                      | e Calls To:                                                                                                                             |  |
| Intellectual Property Administr                                                      |                                                                              | Timothy F. Mye                                                       | ers                                                                                                                                     |  |
| P.O. Box 272400<br>Fort Collins, Colorado 80527-                                     | 2400                                                                         | (541) 715-419                                                        | 7                                                                                                                                       |  |
| made on information and with the knowledge that                                      | belief are believed to be willful false statements ler Section 1001 of Title | true; and further that<br>and the like so ma<br>18 of the United Sta | re true and that all statements these statements were made de are punishable by fine or tes Code and that such willfult issued thereon. |  |
| Full Name of Inventor: Michae                                                        | el A. Pate                                                                   | Citizenship: US                                                      |                                                                                                                                         |  |
| Residence: 6679 N. Calle de Calips , Tucson, Arizona 85718                           |                                                                              |                                                                      |                                                                                                                                         |  |
| Post Office Address: Sam                                                             | as residenc                                                                  | 77 100                                                               | 7.007                                                                                                                                   |  |

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200209409-1

| Full Name of joint inventor: | Will All n                                                      | Citizenship: US             |             |  |  |
|------------------------------|-----------------------------------------------------------------|-----------------------------|-------------|--|--|
| Residence:                   | 3415 SW Cascad Avenu , C                                        | orvallis, Oregon 97333-1533 |             |  |  |
| Post Office Address          | Same as residence                                               |                             |             |  |  |
| Will Allan                   |                                                                 | 12 JAN04                    |             |  |  |
| Inventor's Signature         |                                                                 | Date                        |             |  |  |
|                              |                                                                 |                             |             |  |  |
| Full Name of joint inventor: | David Williams                                                  | Citizenship: US             |             |  |  |
| Residence:                   | 1965 NW Woodland Drive, Corvallis, Oregon 97330                 |                             |             |  |  |
| Post Office Address:         | Same as residence                                               |                             |             |  |  |
| Invertor's Signature         |                                                                 | 12 JANUARY 04               |             |  |  |
| Wynar o organization         |                                                                 | Date /                      |             |  |  |
| Full Name of joint inventor: | Jim Cole                                                        | Citizenship: US             |             |  |  |
|                              | · · · · · · · · · · · · · · · · · · ·                           |                             |             |  |  |
| Residence:                   | 5921 Ponderosa Drive SW, Albany, Oregon 97321 Same as residence |                             |             |  |  |
| Post Office Address:         |                                                                 |                             |             |  |  |
| rventor's Signature          |                                                                 | 15 January 2004             | <del></del> |  |  |
|                              |                                                                 |                             |             |  |  |
| Full Name of joint inventor: |                                                                 | Citizenship:                |             |  |  |
| Residence:                   |                                                                 |                             |             |  |  |
| Post Office Address:         |                                                                 |                             |             |  |  |
|                              |                                                                 |                             |             |  |  |
| Inventor's Signature         |                                                                 | Date                        |             |  |  |
|                              |                                                                 |                             |             |  |  |
| Full Name of joint inventor: |                                                                 | Citizenship:                |             |  |  |
| Residence:                   |                                                                 |                             |             |  |  |
| Post Office Address:         |                                                                 |                             | · <u> </u>  |  |  |
| Inventor's Signature         |                                                                 | Date                        |             |  |  |
| •                            |                                                                 | 54.6                        |             |  |  |
| Full Name of joint inventor: |                                                                 | Citizenship:                |             |  |  |
| Residence:                   |                                                                 | Citazonomp.                 |             |  |  |
| Post Office Address:         |                                                                 |                             |             |  |  |
| rost office Address.         |                                                                 |                             |             |  |  |
| Inventor's Signature         |                                                                 | Date                        |             |  |  |
|                              |                                                                 |                             |             |  |  |
| Full Name of joint inventor: |                                                                 | Citizenship:                |             |  |  |
| Residence:                   |                                                                 |                             |             |  |  |
| Post Office Address:         |                                                                 |                             |             |  |  |
|                              |                                                                 |                             |             |  |  |
| Inventor's Signature         |                                                                 | Date                        |             |  |  |